

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

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|------------------------|---|
| Application Number | 10/023,923 |
| Filing Date | 12/18/2001 |
| First Named Inventor | Shapiro et al. |
| Title | ACCESS CONTROL FOR INTERACTIVE LEARNING SYSTEM |
| Art Unit | 2131 |
| Examiner Name | ZAND, Kambiz |
| Attorney Docket Number | 026285-000210US |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

20350

OR

Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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Address

City

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|--------------------|-----------|---------------|
| Signature | V. Karasava | Date | 11 APRIL 2006 |
| Name | Vaso Karasava | Telephone | (25) 353698 |
| Title and Company | Managing Director. | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

*Total of 2 forms are submitted.

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